DRUG INFLUENCE EVALUATION

Evaluator	DRE #	Rolling Log #	Evaluator's Agency	Case #

Recorder/Witness	Crash: ☐ None ☐ Fatal ☐ Injury ☐ Property	Arresting Officer's Agency

Arrestee's Name (Last, First, Middle)	Date of Birth	Sex	Race	Arresting Officer (Name, ID#)

Date Examined / Time /Location	Breath Test: Results:	Test Refused ☐ Instrument #:	Chemical Test: Urine ☐ Blood ☐ Oral Fluid ☐ Test or tests refused ☐
/ /			

Miranda Warning Given Given by:	☐ Yes ☐ No	What have you eaten today? When?	What have you been drinking? How much?	Time of last drink?

Time now/ Actual	When did you last sleep? How long?	Are you sick or injured? ☐ Yes ☐ No	Are you diabetic or epileptic? ☐ Yes ☐ No
/			

Do you take insulin? ☐ Yes ☐ No	Do you have any physical defects? ☐ Yes ☐ No	Are you under the care of a doctor or dentist? ☐ Yes ☐ No

Are you taking any medication or drugs? ☐ Yes ☐ No	Attitude:	Coordination:

Speech:	Breath odor:	Face:

Corrective Lenses: ☐ None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Eyes: ☐ Normal ☐ Bloodshot ☐ Watery	Blindness: ☐ None ☐ Left ☐ Right	Tracking: ☐ Equal ☐ Unequal

Pupil Size: ☐ Equal ☐ Unequal (explain)	Resting Nystagmus ☐ Yes ☐ No	Vertical Nystagmus ☐ Yes ☐ No	Able to follow stimulus ☐ Yes ☐ No	Eyelids ☐ Normal ☐ Droopy

Pulse and Time

1. _____ / _____
2. _____ / _____
3. _____ /

HGN	Left Eye	Right Eye
Lack of Smooth Pursuit		
Maximum Deviation		
Angle of Onset		

Convergence

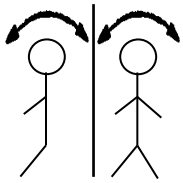
Right eye Left eye

/30 **One Leg Stand** /30

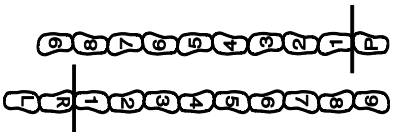
L	R	
		Sways while balancing
		Uses arms to balance
		Hopping
		Puts foot down

Modified Romberg Balance

Approx. Approx.



Walk and Turn Test



Cannot keep balance _____

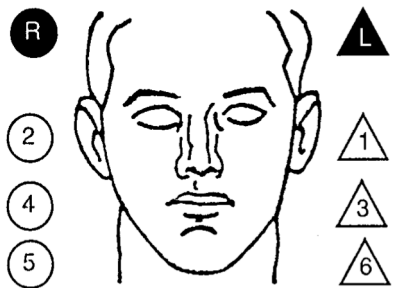
Starts too soon _____

	1st Nine	2nd Nine
Stops walking		
Misses heel-toe		
Steps off line		
Raises arms		
Actual steps taken		

Time Estimation _____estimated as 30 seconds	Describe turn	Cannot do test (explain)	Type of footwear:

Finger to Nose

(Draw lines to spots touched)



PUPIL SIZE	Room light (2.5 – 5.0)	Darkness (5.0 – 8.5)	Direct (2.0 – 4.5)
Left Eye			
Right Eye			

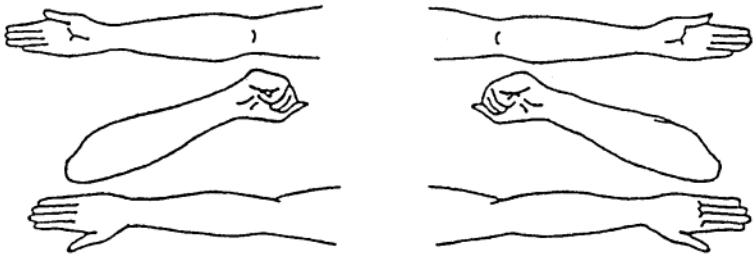
Nasal area:

Oral cavity:

Rebound Dilation: ☐ Yes ☐ No

Reaction to Light:

RIGHT ARM **LEFT ARM**



Blood Pressure /	Temperature °F

Muscle Tone: ☐ Normal ☐ Flaccid ☐ Rigid

Comments:

What drugs or medications have you been using?	How much?	Time of use?	Where were the drugs used? (Location)

Date / Time of arrest: /	Time DRE was notified:	Evaluation start time:	Evaluation completion time:	☐ Subject refused entire evaluation ☐ Subject stopped participating during evaluation

Officer's Signature:	Reviewed/approved by / date:	DRE #

Opinion of Evaluator: ☐ Not Impaired ☐ Alcohol ☐ CNS Stimulant ☐ Dissociative Anesthetic ☐ Inhalant ☐ Medical ☐ CNS Depressant ☐ Hallucinogen ☐ Narcotic Analgesic ☐ Cannabis